

Yes / No

CERTIFICATE OF PARENTAGE

THIS IS A LEGAL DOCUMENT. PLEASE PRINT OR TYPE IN BLACK OR BLUE INK

Name of child as it appears on the birth certificate:

First Middle Last Sex (M/F)
who was born in _____ on _____
Birthing Facility City/Town (Date of Birth) Month - spelled out Day Year

MOTHER

Name _____

First Middle Maiden Last
Residence _____ Home Phone # _____
Place of Birth No. & Street Name City State Zip

City or Town State Country Date of Birth
Year Month Day
Social Security # _____ - _____ - _____ Medical Insurance (Co. & Policy #): _____
Employer _____ Occupation _____
Name Address
Is/Was Mother Married at Time of Birth? (Circle One) Yes / No Was Mother Married at Time of Conception? (Circle One) Yes / No
Informant _____

I understand and consent to the acknowledgment of paternity and that the man named below is the only possible father of the child named above. I have read and have had read to me my legal rights and obligations resulting from acknowledging paternity, and I understand the information on both sides of this form. I certify the above information is true.

Signature of Mother Date signed: _____
Month Day Year Signed in Hospital? Yes / No
(one) (Circle)

State of New Jersey, County of _____. The above-named
signed and affirmed before me this the _____ day of _____, 20_____.

Notary Public/Witness: _____ My Commission Expires: _____

FATHER

Name _____

First Middle Last Home
Phone # _____
Residence _____ Social Security # _____ - _____ - _____

No. & Street Name City State Zip
Place of Birth _____ Date of Birth _____

Town State City or Country
Medical Insurance (Co. and Policy #) _____ Occupation _____
Employer _____ Informant _____
Name Address

I certify and acknowledge that I am the natural father of the child named above. I have read and have had read to me my legal rights and obligations resulting from acknowledging paternity, and I understand the information on both sides of this form. By signing this form I am consenting to have my information added to the child's birth certificate. I certify the above information is true.

Signature of Father	Date Signed: _____	Signed in Hospital? Yes / No
One)	Month Day Year	(Circle
State of New Jersey, County of _____ . The above named _____		
signed and affirmed before me this the _____ day of _____, 20_____.		
Notary Public/Witness: _____ My Commission Expires: _____.		

This Certificate of Parentage must be filed with the State or county child support office or the local registrar's office in the community where the child was born. If you have questions about filing this Certificate call 1-800-POP-6607.

SAMPLE